



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services



Application for Change of Principal or Branch Location

In accordance with Section 8 of [Public Act 15-242](#), this application is to be completed when any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder, is moving its principal or branch location(s) within their primary service area.

Instructions and approval process:

1. Complete this application.
2. Notify, in writing, all other primary service area responder EMS organizations in any municipality or abutting municipality, to inform them your organization is proposing to change the principal or branch location(s). Notification should be sent via USPS certified mail, return receipt requested.
3. Once all return receipts have been received back, submit the original, signed application and all attachments. *Please remember:*
 - a. Include your Certificate of Operation number (CO#) in the box provided at the top of every page;
 - b. Do not leave any blanks; if something is not applicable, write "N/A";
 - c. Clearly title, number and reference all attachments
4. Make a copy of the completed application package and retain it for your records.
5. Send to:
State of Connecticut Department of Public Health
Office of Emergency Medical Services
410 Capitol Ave., MS #12EMS
P.O. Box 340308
Hartford, CT 06134-0308
6. Upon receipt, OEMS shall review the application for completeness.
7. Unless a primary service area responder objects, in writing, to the commissioner, the application is deemed approved 30 calendar days after receipt. You will be notified of the approval, in writing, within ten business days after approval.

If you have any questions regarding the application, please contact the Office of Emergency Medical Services at 860.509.7975.

From CGS§ 19a-180:

(k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder may apply to the commissioner, on a short form application prescribed by the commissioner, to change the address of a principal or branch location within its primary service area. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Unless a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner and requests a hearing on such application not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need to change the address of a principal or branch location within its primary service area at a public hearing as required under subsection (a) of this section.



CHANGE OF PRINCIPAL OR BRANCH LOCATION APPLICATION

CO#

PROVIDER INFORMATION

1. Official legal Name of organization _____

2. Business Address: _____

3. Mailing Address: _____

4. Telephone Numbers: Business: () _____ - _____

Emergency: () _____ - _____

Fax: () _____ - _____

5. Chief Executive Officer: Name: _____

Title: _____

Telephone (work) () _____ - _____

Telephone (home) () _____ - _____

Telephone (cell) () _____ - _____

Email: _____

6. Contact Person Name: _____

Title: _____

Telephone (work) () _____ - _____

Telephone (home) () _____ - _____

Telephone (cell) () _____ - _____

Email: _____

NUMBER:
DATE DEEMED APPROVED:

DATE RECEIVED:

DATE REVIEWED BY REG COORD:
INITIALS:

REQUIRED ATTACHMENTS CHECKLIST*****All attachments must be clearly titled, numbered and referenced*****

- ☐ **ATTACHMENT A** - A list of all EMS providers to whom notice was sent in which you stated your intention to change the location of principal place of business or branch location.
- ☐ **ATTACHMENT B** – Copies of notification correspondence sent to EMS providers.
- ☐ **ATTACHMENT C** – Copies of signed USPS return receipt request card(s).
- ☐ **ATTACHMENT C** - A map of your current PSA with the sites of the current location and new location clearly marked.

Name (print)_____
Signature_____
Title_____
Date